

FEDERAL LAWSUIT UNDER 42 U.S.C.A. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

Noah Freeman

Prison ID # _____

Prison ID # 592238

Prison ID # _____

Plaintiff(s)

[LIST THE NAMES OF ALL
PLAINTIFFS FILING THIS
LAWSUIT; DO NOT USE
"ET AL"]

vs.

Tennessee
Department
of correction
unit manager
Loving Defendant(s)

[LIST THE NAMES OF ALL
DEFENDANTS AGAINST
WHOM YOU ARE FILING
THIS LAWSUIT; DO NOT
USE "ET AL"]

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NOV 30 2022

US DISTRICT COURT
MID DIST TENN

03-22 0963

CIVIL ACTION NO.: _____

[To be assigned by the Clerk's Office.

Do not write in this Blank.]

(IF YOU NEED MORE SPACE TO LIST OTHER PLAINTIFFS AND/OR DEFENDANTS, SO INDICATE AND ATTACH
A SEPARATE SHEET OF PAPER.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
UNDER 42 U.S.C.A. § 1983

I. PREVIOUS LAWSUITS

- A. Have you or any of the other plaintiffs listed above filed any other lawsuits in the United States District Court for the Middle District of Tennessee and/or any other state or federal court?

Yes _____

No X

- B. If you answered YES to Question A, list the following information:
(If you have filed more than one lawsuit, list the additional lawsuits on another sheet of paper, using the same outline as below.)

1. Parties to previous lawsuit:

Plaintiffs: _____

Defendants: N/A

2. In what Court did you file the previous lawsuit?

N/A
(If Federal Court, name the District; if State Court, name the county.)

3. Case Number of the previous lawsuit: _____

4. Name of the Judge to whom the case was assigned:

5. When did you file the previous lawsuit? _____

(Indicate the year if you do not know the exact month or day.)

6. What was the disposition or result of the previous lawsuit? (For example, was it dismissed, appealed, or still pending?)

7. When was the previous lawsuit decided by the Court? _____

(Indicate the year if you do not know the exact month or day.)

8. Did the previous lawsuit involve the same facts or circumstances that you are alleging in the lawsuit you are now submitting?

Yes No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. PLACE OF PLAINTIFF(S) CURRENT CONFINEMENT: (The following information must be provided by each inmate plaintiff.)

- A. Name and address of the prison or jail in which you are currently incarcerated:

Lois M. Debert Special Needs
Facility T.D.O.C
7575 Cockmill Bend Boul
Nashville TN 37209

- B. Are the facts of your lawsuit related to your present confinement?

Yes ✓ yes

No

- C. If you answered NO to Question B, list the name and address of the jail or prison to which the facts of your lawsuit relate:

- D. Do the facts of your lawsuit relate to your confinement in a Tennessee State prison?

Yes ✓

No

If you checked "No", proceed to question II H.

- E. If you answered YES to Question D, did you present these facts to the prison authorities through the state prisoner grievance procedure?

Yes ✓

No

- F. If you answered YES to Question E above:

1. What steps did you take: Tenn DEP of
Correction inmate Grievance
2. What was the result: They concurred
with the supervisors

G. If you answered "No" to Question E above, explain why not:

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (jail, workhouse, etc.)?

Yes _____ No X

I. If you checked "Yes" in H above, have you presented these facts to the authorities who operate the detention facility?

Yes _____ No _____

J. If you checked "Yes" in I above:

1. What steps did you take? _____

2. What was the response of the authorities who run the facility? _____

K. If you checked "No" in I above, explain why not.

(Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.)

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of First Plaintiff:

Noah Freeman

Prison ID Number of First Plaintiff:

592238

Address of First Plaintiff:

7575 Cockrill
Bend Boulevard Nashville
TN 37209-1057

(Include name of institution and mailing address)

2. Name of Second Plaintiff:

Prison ID Number of Second Plaintiff:

Address of Second Plaintiff:

(Include name of institution and mailing address)

3. Name of Third Plaintiff:

Prison ID Number of Third Plaintiff:

Address of Third Plaintiff:

(Include name of institution and mailing address)

IF THERE ARE MORE THAN THREE PLAINTIFFS, LIST THEIR NAMES, PRISON IDENTIFICATION NUMBERS AND ADDRESSES ON AN ATTACHED SHEET OF PAPER.

B. Defendants Against Whom You Are Filing This Lawsuit:

1. Name of First Defendant: T.D.O.C

Place of Employment of First Defendant: T.D.O.C

6 floor Rache Jackson bldg

Address of First Defendant: 320 6th Ave North
Nashville TN 37243

2. Name of Second Defendant: unit manage Loving

Place of Employment of Second Defendant: T.D.O.C

Address of Second Defendant: 7575 COCKEILL
bend Boul Nashville TN 37209

3. Name of Third Defendant: _____

Place of Employment of Third Defendant: _____

Address of Third Defendant: _____

Named in official capacity? ✓ YES NO

Named in individual capacity? YES ✓ NO

IF YOU ARE BRINGING THIS LAWSUIT AGAINST MORE THAN THREE DEFENDANTS, YOU MUST LIST EACH DEFENDANT'S NAME, PLACE OF EMPLOYMENT, ADDRESS, AND THE CAPACITY ON WHICH YOU ARE SUING THEM, ON AN ATTACHED SHEET OF PAPER.

IF YOU DO NOT LIST EACH DEFENDANT'S NAME, ANY SUCH DEFENDANT WILL NOT BE INCLUDED IN YOUR LAWSUIT; IF YOU DO NOT LIST EACH DEFENDANT'S NAME, PLACE OF EMPLOYMENT AND ADDRESS, THE CLERK WILL NOT BE ABLE TO SERVE ANY SUCH DEFENDANT SHOULD PROCESS ISSUE.

IV. STATEMENT OF YOUR CLAIM

State as briefly as possible the facts of your case. Recite the dates when any incidents or events occurred, and the places where such incidents or events took place. Describe how each defendant is involved. Also include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph:

I am a T.D.O.C inmate. I am at this institution in MD can't get book from the library. I am a mental health inmate and being locked in a cell with no reading book increases the likelihood of a mental breakdown. The Federal Funding for Library book and Legal Aide are not being offered to us. This is unlawful under the (A.D.A) American Disability Act. Rules of Confinement.

IF YOU NEED ADDITIONAL SPACE, ATTACH SEPARATE SHEET(S) OF PAPER

V. RELIEF REQUESTED: List what you want the Court to do; list what relief you seek against each defendant:

- A. Penalize
- B. Pay money for Pain and Suffering
- C. menace Them To do Right
- D. and a PUBLIC APOLOGY.
- E. _____

I request a Jury Trial: Yes X No _____

I (we) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 20 day of NOV, 2022.

Signature: Noah Freeman

Printed Name: Noah Freeman

Prison ID Number: 592238

Address: 7575 Cockrill

Bent Blvd Nashville TN

(Include city, state and zip code) 37209

Signature: Noah Freeman

Printed Name: Noah Freeman

Prison ID Number: 592238

Address: _____

(Include city, state and zip code)

Signature: _____

Printed Name: _____

Prison ID Number: _____

Address: _____

(Include city, state and zip code)

ALL PLAINTIFFS MUST SIGN THE COMPLAINT. If there are more than three plaintiffs, attach additional signatures with prison identification numbers and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERS. If not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE (OR THE APPLICATION TO PROCEED IN FORMA PAUPERS) TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned.

Plaintiff(s) would request for a SUMMONS packet, U.S. Marshal Form 285, and any other necessary documents to be issued to he/they once the case is opened. Plaintiff(s) will return these forms in order to be signed and sealed so they may be attached to the complaint and then issued to the Defendants named upon the summons and listed within this complaint.

DECLARATION OF MAILING

I, Noah Freeman, declare under penalty of perjury that the foregoing 42 U.S.C.A. § 1983 complaint for civil rights violation, along with the correct amount of copies for each defendant named in the complaint, has been sent/given to the Institutional Mailroom where I am currently housed at with sufficient Postage to reach the below described designation.

Court Name/Address:

7575 Cockrill
Bend Boulevard
Nashville TN
37209

On this the 20, day of NOV, 2022.

Noah Freeman
(Signature)

Noah Freeman
(Printed Name)

7575 Cockrill
Bend Boul
Nashville TN
37209

(Institutional Name and Address)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

RECEIVED

NOV 30 2022

US DISTRICT COURT
MID DIST TENN

#15512

NAME: Noah Freeman NUMBER: 592238 INSTITUTION & UNIT: SPND 7D118

DESCRIPTION OF PROBLEM: In 7D on 10-18-22 to 10-25-22 The books was taking for us. We can't have books

REQUESTED SOLUTION: To give us books back

Signature of Grievant: [Signature] Date: 10-25-22

TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number: 356315 Date Received: 10-28-22 Signature Of Grievance Clerk: [Signature]

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____ New Due Date: _____ Signature of Grievant: _____

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: See CR-3148

Chairperson's Response and Reason(s): Concur With Supervisor's Response

DATE: 11/7/22 CHAIRPERSON: [Signature]

Do you wish to appeal this response? _____ YES _____ X NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT: [Signature] DATE: 11-8-22 WITNESS: [Signature]

Distribution Upon Final Resolution:

White - Inmate Grievant - Copy - Warden - Pink - Grievance Committee - Green - Inmate Grievant (if applicable)

RECEIVED
OCT 28 2022



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: _____

Please respond to the attached grievance, indicating any action taken.

Date Due: _____

Grievance Number

Inmate Name

Inmate Number

From The LIBRARY of From
The REC Therapist. This is unlawful
under The (A.D.A) American disability
Act. and is increasing the likelihood
of a mental breakdown. The books
was Taking by The unit manager
and 7P Therapist. T.D.O.C. hit federal
funding for The Library to give us
ACCESS to books and legal ACCESS.

RECEIVED
OCT 28 2022

Naal
F

SIGNATURE

DATE



Tennessee Department of Corrections
Response of Supervisor of Grievd Employee or Department

70118
70102

DATE: Thursday, November 03, 2022 Please respond to the attached grievance, indicating any action taken.
Date Due: 11/08/2022

356315/15512

Noah Freeman

#592238

Grievance Number

Inmate Name

Inmate Number

I concur with the supervisor's response. As long as the books are still being "offered" to offenders, there is no need to use the book cart if the usage of the book cart is being abused.

NOV 07 2022
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SIGNATURE

DATE

White- Inmate Grievant

Canary- Warden

Pink- Grievance Committee

Goldenrod-Commissioner

To clerk Lynda Hill
Please file and mail
me a copy Thank you

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NOV 30 2022

US DISTRICT COURT
MID DIST TENN

Noah
Freeman

Naah Freeman

11-20-22

Time 2:30

S.P.N.D.T.D.O.C
NO 9h15 92238
FREEMAN

7575 Cockrill Bend Boul
Nashville TN 37209

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NOV 30 2022

US DISTRICT COURT
MD DIST TENN

LEGAL
Mail



THE DEPT OF CORRECTIONS
HAS NEITHER CENSORED NOR
INSPECTED THIS ITEM THEREFORE
DOES NOT ASSUME RESPONSIBILITY
FOR ITS CONTENTS

Clerk

LYNDY M. Hill

719 Church ST

Nashville TN

37203

Noah Freeman
592238

7D 102